

SEP 28 2010

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Application Number	10/765,995
Filing Date	01/29/2004
First Named Inventor	Isabel N. GONZALEZ
Title	Nasal Drip Control Devices
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

Title and Company

Isabel N. Gonzalez
Applicant & Inventor

9-28-10

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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